

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/20/2012  
FORM APPROVED  
OMB NO. 0938-0391

45th 11/03/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445422	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  09/17/2012
NAME OF PROVIDER OR SUPPLIER  ETOWAH HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 409 GRADY ROAD, PO BOX 957 ETOWAH, TN 37331		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 025 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure smoke barrier fire ratings are maintained.</p> <p>The findings include:</p> <p>Observation on September 17, 2012 at 10:20 a.m. revealed numerous penetrations in the one (1) hour construction that separates the housekeeping storage room from the patient care area.</p> <p>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on September 17, 2012.</p>	K 025	<p><b>DISCLAIMER:</b> "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth of the statement of deficiencies. This plan is prepared and/or executed solely because it is required."</p> <p>Administrator _____ Date _____</p> <p><b>K025 LIFE SAFETY CODE STANDARD</b></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents could be identified. Penetrations in the (1) hour construction that separates the housekeeping storage room from the patient care area was caulked by maintenance assistant on September 17, 2012.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>Maintenance staff was instructed on 9/17/2012 by administrator as to the need for inspection of fire rated walls to prevent penetration from occurring without immediately correcting upon observation. Maintenance director inspected building to identify other penetrations and none were found.</p>	10/23/12	
K 147 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p>	K 147			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

LNA

10/3/12

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

OCT 04 2012

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K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p>	K 147			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Barth E. York*

CNH

10/3/12

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K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p>	K 147	<p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Any findings from contracted installations will be reviewed by maintenance director to determine compliance. If any problems are identified it will be discussed in the next Quality Assurance (QA) meeting.</p>	10/23/12	

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TITLE

(X6) DATE

*Barton C. [Signature]*

CNNH

10/3/12

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K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p>	K 147	<p><b>DISCLAIMER:</b> "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth of the statement of deficiencies. This plan is prepared and/or executed solely because it is required."</p> <p>Administrator _____ Date _____</p>	10/23/12	

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TITLE

(X6) DATE

*Barbara E. Noe*

LNTA

10/3/12

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K 147	Continued From page 1  This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70.  The findings include:  Observation on September 17, 2012 at 10:10 a.m. revealed one (1) orange electrical extension cord wired directly in to the electric panel with no conduit as permanent use for emergency power when needed.  This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on September 17, 2012.	K 147	<b><u>K 147 LIFE SAFETY CODE STANDARD</u></b>  What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?  No residents could be identified. The (1) orange electrical extension cord wired directly into the electric panel with no conduit as permanent use for emergency power when needed, was removed and was hard wired, to panel and wire was placed inside conduit and ran to a receptacle outlet with a red emergency face plate by licensed electrician.  How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.  Maintenance was in-serviced by administrator on 9/17/2012 in regards to the installation of line voltage electrical wire, emergency or non- emergency, within building being run through conduit. Maintenance staff inspected other emergency wiring to identify if other wires were in need of being placed in conduit. No other areas of concern were identified.  What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:  Facility areas in which emergency power is accessible will have wires ran in conduit and checked off by maintenance department or designee for proper installation according to regulations. Prior to the completion of any contracted electrical work, maintenance director will inform contractor of the correct regulations.	10/23/12	

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K 147	Continued From page 1  This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70.  The findings include:  Observation on September 17, 2012 at 10:10 a.m. revealed one (1) orange electrical extension cord wired directly in to the electric panel with no conduit as permanent use for emergency power when needed.  This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on September 17, 2012.	K 147	How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:  Any findings from contracted installations will be reviewed by maintenance director to determine compliance. If any problems are identified it will be discussed in the next Quality Assurance (QA) meeting.	10/23/12	

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